

1. PLACE OF BIRTH

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State File No. 537

Registered No. \_\_\_\_\_

## STANDARD CERTIFICATE OF BIRTH

County Navajo State ARIZONATownship Lakeside or Village \_\_\_\_\_

City \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Wendell Ray Johnson { If child is not yet named, make supplemental report, as directed3. Sex male If plural births { 4. Twin, triplets, or other \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Is mother married? yes 8. Date of birth May 1, 19 39  
(Month, day, year)9. Full name Gerald M. Johnson FATHER 18. Full maiden name Irene Lilly MOTHER10. Residence (usual place of abode) Lakeside, Ariz. 19. Residence (usual place of abode) Lakeside, Ariz.  
(If non-resident, give place and State)11. Color or race White 12. Age at last birthday 25 (Years) 20. Color or race White 21. Age at last birthday 17 (Years)13. Birthplace (city or place) Lakeside 22. Birthplace (city or place) Clafford  
(State or Country) Arizona (State or Country) Arizona14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ariz. Fish & game Comm. 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House keeper15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Fish Hatchery 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home16. Date (month and year) last engaged in this work April 1939 25. Date (month and year) last engaged in this work April 1939  
17. Total time (years) spent in this work 1 yr. 26. Total time (years) spent in this work 327. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

28. If stillborn, period of gestation \_\_\_\_\_ { months or weeks } 29. Cause of stillbirth \_\_\_\_\_ { Before labor \_\_\_\_\_ During labor \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 4:45 a. m. on the date above stated  
(Born alive or stillborn)When there was no attending physician or midwife, then the father, householder, etc., should make this return. (Signed) J. N. Heywood, M. D.

Given name added from supplemental report \_\_\_\_\_ or \_\_\_\_\_, Midwife

(Date of) \_\_\_\_\_ Address SnowflakeFiled May 20, 19 39 Louella E. Hansen Registrar. Registrar.

615-501-938